



Premature Ovarian Insufficiency: An *Ayurvedic* Perspective

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ABSTRACT

Premature Ovarian Insufficiency (POI) is defined as the loss of ovarian function before 40 years of age, presenting with amenorrhea, hypoestrogenism, and elevated gonadotropins¹. Modern research identifies genetic, autoimmune, iatrogenic, and idiopathic causes.² while *Ayurveda* explains this condition through *Artava Kshaya*, *Beeja Dushti*, *Dhatu Kshaya*, and *Vata-Pitta* imbalance. This conceptual article reviews the *Ayurvedic* understanding of POI and proposes an integrative approach using *Shodhana*, *Rasayana*, *Artava-poshana* herbs, and lifestyle interventions for enhancing ovarian reserve and reproductive health.

Keywords: Premature Ovarian Insufficiency ,*Artava Kshaya*, *Beeja Dushti*, *Dhatu Kshaya*,*Shodhana*, *Rasayana*.

1. INTRODUCTION

POI affects approximately 1-2% of women under age 40 and is associated with infertility, endocrine dysfunction, and increased risk of osteoporosis and cardiovascular disease.³ Current management relies on hormone replacement therapy (HRT), fertility counselling, and supportive measures.⁴ Due to limitations of long-term pharmacotherapy, holistic and complementary approaches are gaining importance.

Ayurveda provides an extensive description of reproductive physiology under *Artava Dhatu*, nourished by *Rasa* and *Rakta Dhatu* and regulated by *Vata*. Disorders such as *Artava Kshaya*, *Vandhyatva*, *Beejopaghata*, and *Yonivyapad* show striking parallels with POI. This article analyses POI through *Ayurvedic* diagnostics and therapeutics.

2. AIM & OBJECTIVES

Aim:

To study Premature Ovarian Insufficiency from an *Ayurvedic* viewpoint and propose a possible therapeutic protocol.

Objectives:

1. To correlate POI with *Artava Kshaya* and *Beeja Dushti*.
2. To understand the *Nidana* and *Samprapti* of POI based on classical texts.
3. To explore Ayurvedic therapeutic approaches including *Shodhana*, *Shamana*, and *Rasayana*.

3. MATERIALS & METHODS

A. Literary Sources

- Ayurvedic commentaries on *Artava Kshaya*, *Vandhyatva*, and *Yonivyapad*.
- Contemporary *Ayurveda* research articles.
- Modern POI literature and guidelines.

B. Methodology

Conceptual and analytical study based on:

- Classical textual review
- Correlation with modern clinical research.
- Review of *Ayurvedic* clinical evidence for ovarian function enhancement.
- Development of a possible management protocol based on classical principles

C. Ayurvedic Treatment Tools Included

- *Shodhana*: *Basti*, *Virechana*.
- *Shamana* formulations.
- *Rasayana* medications.
- Yoga and lifestyle modules.

4. OBSERVATION

4.1 Ayurvedic Correlation of POI

- Similar to *Artava Kshaya*.
- Etiology corresponds to *Beeja Dushti*, *Dhatu Kshaya*, *Vata-Pitta* vitiation.
- Symptoms resemble *Vata* aggravation and *Pitta* manifestations.

4.2 Dominant Dosha

Vata predominance; *Pitta* involvement in autoimmune/inflammatory causes; *Kapha* depletion contributing to tissue loss.

वृषणौ बस्तिमेहं च नाभ्यूरु वंक्षणौ गुदम् ।

अपानस्थानमन्त्रस्थः शुक्रमूत्रशकुन्ति च ॥ (Charaka Smhita, Chikitsa Sthana 28/10)⁵

Menstruation (*Artava pravrtti*), Ovulation and ejaculation, Excretion and parturition

Relevance to POI:

Vitiation of *Apama Vata* leads to amenorrhea, anovulation, vaginal dryness, and infertility seen in POI.

4.3 *Dushya*

- *Rasa* and *Rakta* Dhatu depletion.
- *Artava* Dhatu deficiency corresponding to follicular loss.

4.4 Involved *Srotas*

- *Artavavaha Srotas Dushti*.
- *Rasavaha Srotas Dushti*.

4.5 *Samprapti* Summary

Nidana → *Vata-Pitta* vitiation → *Agnimandya & Rasa Dushti* → *Artavavaha Srotodushti* → *Artava Dhatu Kshaya* → Clinical POI manifestation.

5. DISCUSSION

5.1 Literary Correlation

Although POI is not directly mentioned in classical texts, *Artava Kshaya* shares features such as delayed/absent menstruation (*Yathochita Kala Adarshana*), scanty flow (*Alpa Pravritti*), and infertility (*Vandhyatva*). Autoimmune causes reflect *Pitta*-dominant *Dhatu Paka*, while genetic abnormalities correspond to *Beeja Dushti*.

Ayurvedic Concept of *Artava*

In Ayurveda, *Artava* is a broad concept encompassing:⁶

- Menstrual blood
- Ovum
- Female reproductive hormones
- Overall reproductive capacity

रसात् आर्तवं जायते ।

Acharyas describe *Artava* as an *Upadhatu* of *Rasa Dhatu*, nourished sequentially through proper digestion and tissue metabolism. Any impairment in *Rasa Dhatu* or its *Agni* results in defective *Artava* formation.

Although POI is not directly mentioned in classics, its clinical features correspond strongly with :

आर्तवक्षये..... यथोचितकालादर्शनमल्पता वा योनिवेदना चा (सु.सं.सू. 15/12)⁷

एवमेव पुरुषस्य यदा बीजे बीजभागः प्रदोषमापद्यते, तदा वन्ध्यं जनयति।

(Charaka Samhita, Sarira Sthana 4/31)⁸

Defects in *Beeja* (gamete), its parts, or sub-parts due to *Dosha* lead to infertility or defective progeny.

The autoimmune theories of POI correlate with *Pittaja* vitiation causing *Dhatu Paka* (tissue destruction). Genetic causes parallel *Beeja Dushti* described by Acharyas.

5.2 Ayurvedic Interpretation of POI Pathogenesis

POI-associated follicular depletion corresponds to:

- *Dhatu Kshaya*
- *Ojas Kshaya*
- Degeneration of uterine functional tissues

Major causative factors:

- Stress → *Prana-Apana Vayu* dysfunction
- Malnutrition → *Rasa Dhatus* depletion
- Excessive physical exertion → *Vata* aggravation
- Systemic inflammation → *Pitta* aggravation

Management must prioritise *Vata-Pitta* balance and tissue nourishment.

Ayurveda attributes reproductive failure to a combination of *Ahara*, *Vihara*, *Manasika*, and *Beeja* factors:

1. *Ahara Nidana*

Ruksha, Laghu, Alpa Ahara

Excessive intake of *Katu, Tikta, Kashaya Rasa*

Malnutrition and improper dietary habits

2. *Vihara Nidana*

Ati-Vyavaya (excessive sexual activity)

Ativyayama (excessive physical exertion)

Ratrijagarana (night awakening)

3. *Manasika Nidana*

Chinta (stress)

Shoka (grief)

Bhaya (fear)

4. *Beeja Dushti*

Congenital or genetic defects affecting reproductive capacity are described under *Beeja*, *Beeja-Bhaga*, and *Beeja-Bhagavayava Dushti*, closely correlating with genetic causes of POI.

Chikitsa Siddhanta (Principles of Management)

1. *Nidana Parivarjana*

Avoidance of causative dietary, lifestyle, and psychological factors.

2. *Agni Deepana & Pachana*

Correction of digestive and tissue metabolism to ensure proper *Dhatu* formation.

3. Shodhana Chikitsa

Vamana: In *Kapha*-dominant cases

Virechana: For *Pitta* regulation and hormonal balance

Basti: Most important therapy for *Apana Vata* regulation and reproductive health

4. Shamana Chikitsa

Use of *Artava-Janana*, *Rasayana*, and *Balya* therapies to restore reproductive function.

5. Rasayana Therapy

Rejuvenative therapy aimed at improving tissue vitality and delaying degeneration, relevant in premature aging of ovaries.

5.3 Proposed Ayurvedic Treatment Plan

A. Shodhana Therapy

1. *Basti* (Primary Therapy)

बस्तिर्वातहराणां श्रेष्ठः । (Charaka Samhita Siddhi Sthana 1/39)⁹

Basti therapy plays a pivotal role in POI management due to:

Regulation of *Apana Vata*

Improvement of ovarian blood supply

Hormonal axis modulation

Nourishment of *Shukra* and *Artava Dhatus*

Prognosis (*Sadhyasadhyata*)

पक्वाशयो वातस्थानम् । (Charaka Samhita, Sutra Sthana 20/13)¹⁰

Regulates *Apana Vayu* responsible for menstruation and ovulation.

- *Kshira Basti*, *Yapana Basti*
- *Anuvasana* with *Bala* or *Ashwagandha Taila*
- *Niruha* with *Dashamoola*, *Guduchi*, *Shatavari*

Benefits: improved follicular response and HPO axis regulation⁹.

2. *Virechana*

Indicated in *Pitta*-dominant POI.

- *Trivrit Lehya*, *Aragvadhadhi Kashaya*, *Mahatiktaka Ghrita*

B. Shamana Therapy

Rasayana herbs such as:

- *Shatavari*
- *Ashwagandha*
- *Amalaki, Brahma Rasayana*
- *Artava-janaka* herbs include:
Lodhra, Ashoka, Shatapushpa, Putrajeevak, Shivlingi seeds.

Artava-Janaka & Artava-Poshaka Herbs

- *Shatavari*
- *Lodhra*
- *Ashoka*
- *Shatapushpa*
- *Putrajeevak & Shivlingi Beej*
- *Gokshura*
- *Yashtimadhu*
- *Bala*

C. Ghritas & Tailas

- *Phala Ghrita, Shatavari Ghrita*
- *Kalyanaka Ghrita*
- *Bala Taila, Ashwagandha Taila*

D. Yoga & Lifestyle

- *Asanas: Baddha Konasana, Setu Bandhasana, Bhujangasana, Paschimottanasana*
- *Pranayama: Nadi Shodhana, Bhramari, Sheetali*
- Diet and lifestyle modifications consistent with:

Lifestyle:

- Adequate sleep
- Stress reduction
- Regular unctuous diet
- Avoid fasting, over-exercise

6. CONCLUSION

Ayurveda provides a comprehensive framework for understanding Premature Ovarian Insufficiency through *Artava Kshaya*, *Beeja Dushti*, *Dhatu Kshaya*, and *Vata-Pitta* vitiation. *Ayurvedic* intervention emphasizes *Basti*, *Rasayana*, and *Artava-Poshana* herbs along with diet and lifestyle modifications.¹¹ Through classical principles, *Ayurveda* offers a holistic and potentially effective strategy for improving ovarian function, hormonal balance, and overall reproductive health.

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